

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Kelley

Mailing Address 2500 Maynard Rd

City

Charlotte

State

NC

Zip Code

28270-0754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282908

Amount of Each Receipt this Period

374.00

B.

Full Name (Last, First, Middle Initial)

Dr. Peter Kravath

Mailing Address 127 N Tryon St Apt 406

City

Charlotte

State

NC

Zip Code

28202-1107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282909

Amount of Each Receipt this Period

374.00

C.

Full Name (Last, First, Middle Initial)

Dr. Fred Lassiter

Mailing Address Charlotte Radiology
PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282910

Amount of Each Receipt this Period

374.00

SUBTOTAL of Receipts This Page (optional)

1122.00

TOTAL This Period (last page this line number only)